

*Please print out and complete the questionnaire below
and attach narrative responses on a separate sheet of paper.*

Health Maintenance Centers, Inc. QUESTIONNAIRE

Name: _____ DOB: ____/____/____

Address: _____

Telephone-day: () _____ Telephone-evening: () _____

Current/most recent Employer: _____ Position: _____ How long? _____

Spouse: _____ Spouse's DOB: ____/____/____

1. How and when did you first hear about Health Maintenance Centers, Inc. (HMC)?

2. Describe what you were told, when and by whom about the investment prior to making your purchase(s).

3. Describe any documents, including financial statements, that you received or were shown prior to making your purchase. Include when and by whom you were shown the document(s). **Please provide a copy of all documents, including e-mail messages, that you received in connection with your investment, including envelopes in which the items may have been received.**

4. Describe when and how you made payment for each purchase (i.e. personal check, cashier's check, wire transfer, in person, through the mail, etc.) and to whom the check or payment was made.

5. Describe what you were told about Project X or Znetix and indicate when and who told you.

6. Describe any documents that you received or were shown regarding Project X or Znetix prior to making your purchase. Include when and by whom you were shown the document(s). **Please provide a copy of all documents, including e-mail messages, that you received in connection with your investment, including envelopes in which items may have been received.**

7. Prior to investing, what were you told about the risks or safety of the investment? Include who communicated the information, when and how.

8. Prior to investing, what were you told about how your money was going to be used? Include who communicated the information, when and how.

9. Did you receive a stock certificate or any documentation evidencing your investment in Health Maintenance Centers, Inc.? _____ If yes, please describe such documentation (*for example, a subscription agreement, receipt, agreement, etc.*) Indicate when and how it was received.

10. Describe your participation in the management and/or control of the investment, if any.
11. Did you receive correspondence or e-mails from Health Maintenance Centers, Inc. either directly or indirectly after making your investment? _____ If yes, please provide copies and indicate from whom it was received and when received.
12. Describe what amounts of principal and/or dividend, if any, you have received from your investment(s) and indicate when it was received.
13. Have you made a formal demand for the return of your investment? _____ If Yes, please provide details of any demands or requests: **Please provide copies of any relevant documents.**
14. Have you invested in the following prior to investing in HMC stock?
- | | | |
|---|--|--|
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Private Placement Offerings | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Stock Options | <input type="checkbox"/> Commodities Futures |
| <input type="checkbox"/> IRA investments | <input type="checkbox"/> General Partnerships | <input type="checkbox"/> Never invested previously |
| <input type="checkbox"/> Money Market Funds | <input type="checkbox"/> Limited Partnerships | <input type="checkbox"/> Other (describe) |
15. Please estimate your net worth (***Including your spouse's***) at time of purchase:
- ☐ less than \$100,000
- ☐ between \$100,000 and \$500,000
- ☐ between \$500,000 and \$1,000,000
- ☐ more than \$1,000,000

16. What was your average annual income for the two years prior to the date you made your investment with HMC?*(Including your spouse's)*:
- ☐ less than \$100,000
 - ☐ between 100,000 and \$200,000
 - ☐ between \$200,000 and 300,000 (check if joint ____)
 - ☐ more than \$300,000 (check if joint ____)
17. Please provide the name, address and telephone number of any other individual(s) that you are aware of who also invested with HMC.
18. Please provide any additional comments or concerns you would like to make concerning your investment(s).

Please return questionnaire to the attention of:

Andrew MacKay, Securities Investigator
Securities Division
PO Box 9033
Olympia WA 98507-9033